P160000010199

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies Certificates of Status		s of Status
Special Instructions to Filing Officer:		
•		





800285111628

04/29/16--01014--002 **35.00

2016 APR 29 PM 1: 01

RA/ROICH8

APR 2 9 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Carmen Quintant	~ PA	
DOCUMENT NUMBER: P1690010199		
The enclosed Statement of Change of Registered Office/Agent and fe	e are submitted for filing.	
Please return all correspondence concerning this matter to the followi	ng:	
Carmen Quin	tona	
Carnen Oun Lno Firm/Company	<u> PA</u>	
404 Almera Cont	-	
Winter Springs P City/State and Zip Code	2 32708	
E-mail address: (to be used for future annual r	realty Corp. Com	
For further information concerning this matter, please call:		
Came of Contact Person at (40' Area Co	7 340-3932 de & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Stre Amendment Section Ame	et Address:	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	endment Section ision of Corporations	
•	ton Building	
Tallahassee, FL 32314 266	l Executive Center Circle	

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida Company of the State of the Stat
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Camen Drintana PA
2. The principal office address: 2100 Nataya TRul
3. The mailing address (if different):
4. Date of incorporation/qualification: 1129/14. Document number: P160001099
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Barbara Remy Corporation Service Compan
1201 Hays Street
Tallahassee, A 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corner Quintara
406 Almena Court
P.O. Box NOT acceptable 1/50/1/C Soove (P 3270)
The tracked on the last of the
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer of director Carmer Original Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
/ 21/16
Signature of Registered Agent Date
If signing on behalf of an entity:
Carmen Ointana Typed or Printed Name

* * * FILING FEE: \$35.00 * * *